PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  69/652600													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OR	OTHER	
F	OR .		NUMBE	R FILED		NUMBER	EXTRA		ATE	FEE	1	RATE	FEE
BA	ISIC FEE					Xe.					OŔ		690.00
TOTAL CLAIMS			40	o minus:	20=	· 2/2		X	9=	·	OR	X\$18=	468.00
INDEPENDENT CLAIMS 8 minus 3 = * 5							×	39=		OR	X78=	370,50	
MULTIPLE DEPENDENT CLAIM PRESENT									30=		OR	+260=	~ / 4,00
* If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>	TAL		OR	TOTAL	1548.4
CLAIMS AS AMENDED - PART II 4-23-64 (Column 1) (Column 2) (Column 3)								SN	IALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CL REM AF	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	10	Minus		46	=	X	9=		OR	X\$18=	
	Independent	• .	4	Minus	***	<i>O</i> -	=	X	39=		OR	X78=	
_	FIRST PRESE	NIAIIC	ON OF MU	JLTIPLE DEI	PENL	DENT CLAIM		+1	30=		OR	+260= .	
									OTAL T. FEE		OR	TOTAL ADDIT. FEE	0
	· · · · · · · · · · · · · · · · · · ·	umn 1)											
AMENDMENT B		REM AF	AIMS AINING TER IDMENT	an inga	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	•	Minus	••		= ,	X	9=		OR	X\$18=	
	Independent	1	N 05 M	Minus			=	X	9=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MI		ENL	DENT CLAIM		+1	30=		OR	+260= .	
				•				ADDI	OTAL		OB.	TOTAL ADDIT. FEE	
		(Col	umn 1)		(C	Column 2)	(Column 3)	AUDI	. FEE		4		
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	•	Minus	**		Ξ.	X\$	9= ·		OR	X\$18=	
	Independent	•		Minus	***	,	=	X3	9=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								30=				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+260=	
***	If the "Highest Nur If the "Highest Nur The "Highest Num	mber Pre	eviously Pa	id For" IN THI	S SP/	ACE is less than	n 3, enter "3."	ADDIT		propriate box		ADDIT. FEE	
	1 DTO 975												

FORM PTO-87 (Rev. 12/99)

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